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## BIB DATA SHEET

CONFIRMATION NO. 7412

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                    | ATTORNEY DOCKET<br>NO.  |                           |                                |
|---|---|--|-----------------------------------|---|---------------------------|--------------------------------|
| 10/582,679  | 05/17/2007  | 514  | 1618                              | PN0397  |                           |                                |
| <b>RULE</b>   |   |  |                                   |   |                           |                                |
| <b>APPLICANTS</b><br>Jo Klaveness, Oslo, NORWAY;<br>Edvin Johannesen, Oslo, NORWAY;<br>Helge Tolleshaug, Oslo, NORWAY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/NO04/00393 12/17/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>NORWAY 20335682 12/18/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>07/27/2007 |   |  |                                   |   |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/LEAH H SCHLIENTZ/</u><br>Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>NORWAY | <b>SHEETS DRAWINGS</b><br>0   | <b>TOTAL CLAIMS</b><br>13 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>GE HEALTHCARE, INC.<br>IP DEPARTMENT<br>101 CARNEGIE CENTER<br>PRINCETON, NJ 08540-6231<br>UNITED STATES  |   |  |                                   |   |                           |                                |
| <b>TITLE</b><br>Optical Imaging Contrast Agents   |   |  |                                   |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                |